

# REQUEST FOR BOOKING ARRANGEMENT

DATE

INTERVIEWED BY

NAME

OFFICE PHONE

TYPE OF FUNDS

TITLE

GRADE & SALARY

STATION

ORDER NO.

DURATION OF TDY

PCS

☐ Yes ☐ No

BIRTH DATE

BIRTH PLACE

PERMANENT U.S. ADDRESS

WASH. PHONE

MARITAL STATUS

DEPENDENTS ( ☐ WILL ACCOMPANY ☐ WILL FOLLOW)

NAME

RELATIONSHIP

BIRTH DATE

BIRTH PLACE

TCA

AGO

MP

VISAS

PASSPORT

ORDERS

PSEUDONYM

DATE FOR DELIVERY OF TICKETS TO CPB

## ITINERARY

DATE

PLACE

HOUR

CARRIER TRIP NO.

CONFIRMED SPACE

Lv.

Ar.

Lv.

Ar.

Lv.

Ar.

Lv.

Ar.

Lv.

Ar.

Lv.

Ar.

FORM NO. 37-145  
JAN 1952

~~SECRET~~

(38)

## CHECK OUT SLIP

NAME

DATE TO REPORT TO CPB FOR CHECK OUT

On checking out you must have in your possession:

1. Badge to be turned in.
2. International certificate of inoculation and vaccination.
3. This form approved below.

CLEARANCE	APPROVED	DATE
1. I&S briefing		
2. 48 hour physical		
3. Check out with division		
4. HDQ. Det. if applicable		